Division of Program Compliance - Audits Branch 11401 S. Bloomfield Avenue, Unit 203, 2nd Floor Norwalk, CA 90650 (562) 406-3929, FAX (562) 406-3951

February 9, 2009

Meloney Roy, LCSW, Director Ventura County Behavioral Health Department 1911 Williams Drive, Suite 200 Oxnard, CA 93036

Dear Ms. Roy:

AUDIT REPORT - VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Ventura County Behavioral Health Department for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to the review of SD/MC units of service/time, Administrative costs and Crossover revenues and contract maximums.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

Federal Share of	Settled	Allowed	<u>Adjustment</u>
Short-Doyle/Medi-Cal	\$ 13,093,608	\$ 11,578,456	\$ (1,515,152)
Federal Share of Healthy Families/Medi-Cal	\$ 0	\$ 417	\$ 417
State General Funds EPSDT Due State	\$ 1,602,010	\$ 1,445,270	\$ (156,740)

Meloney Roy, LCSW, Director Ventura County Behavioral Health Department Page Two

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

RAQUEL RIOS, Supervisor Audits - Southern Region

Enclosures

Certified Mail

VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

NET REIMBURSABLE MEDI-CAL		_	As Settled	Audit Adjustments	As Audited
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	10,603,077 \$	(1,513,621) \$	9,089,456
HEALTHY FAMILIES - FFP	(Sch. 2a)	_	0	417	417
TOTAL FFP - COUNTY PROVIDERS		\$ _	10,603,077 \$	(1,513,204) \$	9,089,873
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	. \$	2,490,531 \$	(1,531) \$	2,489,000
HEALTHY FAMILIES - FFP	(Sch. 3b)			0	0
TOTAL FFP - CONTRACT PROVIDER	S	\$	2,490,531 \$	(1,531) \$	2,489,000
TOTAL FFP - COUNTY PLUS CONTRAC MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRA		\$ -	13,093,608 \$ 0 13,093,608 \$	$ \begin{array}{c} (1,515,152) \\ & \underline{417} \\ & (1,514,735) \\ \end{array} $	11,578,456 417 11,578,873
SUMMARY OF STATE GENERAL FUNDS		=			
EPSDT - SGF	(Sch. 4)	* \$ _	1,602,010 \$	(156,740) \$	1,445,270

Note: * The As Settled amount includes a refund of \$17,728 to the State subsequent to the initial EPSDT Settlement dated April 28, 2006. (Refer to adjustment number 116.)

VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

COUNTY OF EXATED FEDERAL					Audit		
			As Settled		Adjustments	As Audited	d
Total Medi-Cal Gross Reimbursement		_	As Settled	-	Aujustinents	As Audite	
Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	4,706,443	\$	(695,463) \$	4,010,9	ደበ
Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	Ψ	12,706,997	Ψ	(856,335)	11,850,6	
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		12,700,557		(030,339)	11,050,0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		36,553	36,5	-
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	30,3.	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		434	4	34
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	٦,	0
Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		583	51	83
9. Total	(MIII)00, Eli 27, 27A)	s –	17,413,439	·	(1,514,228) \$		
). Ioui		•=	17,413,439	·	(1,514,228)	13,077,2	<u></u>
Less: Patient & Other Payor Revenues							
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	1,309,218	\$	258,723	1,567,94	41
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		177,793		16,281	194,0	74
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	•	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18. Total	,	\$	1,487,011	\$	275,004 \$	1,762,01	15
	•	-		=			_
Medi-Cal Net Reimbursement for Direct Services							
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	3,397,225	\$	(954,186) \$	2,443,03	39
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		12,529,204		(836,063)	11,693,14	40
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		434	43	34
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)		0		583	58	83_
25. Total		\$_	15,926,428	\$_	(1,789,232) \$	14,137,19) 6
Medi Cel MAA Deimburgerung							
Medi-Cal MAA Reimbursement 26. Service Functions 01-09	(MII1070 I - 11 C-1 A)	r	•	•	Δ Φ	,	0
27. Service Functions 01-09 27. Service Functions 11-19, 31-39	(MH1979, Ln 11, Col. A))	0	\$	0 \$	i	0
28. Service Functions 21-19	(MH1979, Ln 12, Col. A)		0		0		_
29. Total	(MH1979, Ln 13, Col. A)	<u> </u>	0	·-		_	$\frac{0}{0}$
L7. IUIAI		\$=		\$ _	0 \$		<u>~</u>

VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Amount Negotiated Rates Exceed Cost		-		-	,	_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	•	0	•	0	•	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total	(, , , , , , , , , , , , , , , , , ,	\$_	0	\$ _		\$ <u>_</u>	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	3,620,771	\$	(228,570)	œ.	3,392,201
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$- \$	3,153,324	• - \$	(1,123,094)		2,030,230
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	3,153,324	-	(1,123,094)	_	2,030,230
37. Wedi-Cai Kelinbulsemeni	(Lower of Lit 37, Lit 38)	³=	3,133,324	" =	(1,123,094)	" =	2,030,230
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limi	t (MH1979, Ln 8)	\$_	0	\$_	58	\$_	58
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	0	\$_	74_	\$_	74
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	0	\$_	58	\$_	58
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	479,926	S	0	s	479,926
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	343,789	\$_		*= *_	343,789
NA CDANC Delimber of POPP		_		_			
Net SD/MC Reimbursement - FFP	0 FT 10 FO T 1 (1 (1 ())		0.404.556	_	(056.065)		5.510.200
45. Direct Services	(MH1979, Ln 16,16A)	\$, ,	\$	(976,267)	\$	7,518,309
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		23,759		23,759
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		434		434
48 MAA	(MH 1979, Ln 11, 12 & 13)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		1,576,662		(561,547)		1,015,115
50. U.R. Skilled Professional 51. U.R. Other	(MH1979, Ln 14)		359,945		0		359,945
52. Negotiated Rate-Payback	(MH1979, Ln 15)		171,895		0		171,895
53. Subtotal- FFP	(MH1979, Ln 20)		10.602.077	_	(1.512.621)	_	0 000 456
33. Subibiai- FFF		\$ =	10,603,077	\$_	(1,513,621)	³=	9,089,456
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 :	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0	_	0	_	0
56. Total SD/MC Reimbursement - FFP		\$	10,603,077	\$	(1,513,621)	\$	9,089,456
Net Healthy Families Reimbursement - FFP		_		_		_	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0	\$	379	s	379
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	-	0	-	0	~	0
59. Administrative Reimbursement	(MH1979, Ln 10)		0		38		38
60. Total Healthy Families Reimbursement - FFP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$		\$ -	417	s –	417
, 		-		-	• • • • • • • • • • • • • • • • • • • •	Ť=	
61. Total - FFP (Ln 56 + Ln 60)		\$_	10,603,077	\$=	(1,513,204)	\$ _	9,089,873
							(To Sch. 1)

VENTURA COUNTY B.H.D. SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

Legal Entity Number <u>Legal Entity</u>	(1) Medi-Cal and Crossover Gross Cost	(2) Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost A T 3 E	(4) Total Gross Cost (Excl. HFP) N T	(5) Healthy Families Gross Cost	(6) Medi-Cal and Crossover Gross Cost	(7) Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost P. A. T. I	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
<u> </u>	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 1 6, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00108 TELECARE CORP. \$ 00226 TURNING POINT FOUNDATION \$ 00275 CASA PACIFICA \$ 00386 MILHOUS CHILDREN'S SVCS \$ 00409 ANNE SIPPI CLINIC \$ 01144 UNITED PARENTS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$	\$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		590,380 \$ 1,360,751 \$ 208,340 \$ 422,236 \$ 40,484 \$ 5 0	0 \$ 26.892 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ 0 \$		2,016,296 \$ 590,380 \$ 1,387,643 \$ 208,340 \$ 422,236 \$ 40,895 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	
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VENTURA COUNTY B.H.D. SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

Legal			(11) Total Revenue	(12) Healthy Families	****	(13) Total Revenue	(14) Healthy Families	***	(15) Total Net Cost	(16) Net Cost	***	(17) Total Net Cost	(18) Net Cost	(19) Total MAA
Entity			(Excl. HFP)	Revenue		(Excl. HFP)	Revenue		(Excl. HFP)	Healthy Families		(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity		INPAT			QUTPA		1		TIENT			ATIENT	Reimbursement
			(MH 1968,	(MH 1968,		(MH 1968,	(MH 1968,		(Col 4-11)	(Col 5-12)		(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)		Ln 28 to 30)	Ln 31)							Ln 11-13)
00108	TELECARE CORP.	•	0 \$	0	•	0 \$	0	•	0 :	s n	\$	2,016,296	\$ 0 \$	0
	TURNING POINT FOUNDATION	¢	0 \$			0 \$			0					0
	CASA PACIFICA	Š	ŏ s	0	-	0 \$	Ö	Š	0 :	\$ 0		1,387,643		0
00386	MILHOUS CHILDREN'S SVCS	Š	0.5	0	-	0 \$	Ö	Š	0	š o		208,340		ō
00409	ANNE SIPPI CLINIC	Š	0.5	. o	Š	0.5	0	Š	0 :	Š 0		422,236		Ô
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	GRAND TOTAL	\$			- \$	<u>_</u>	0	\$		\$ 0	- \$	4,665,790	\$ 0 \$	0

VENTURA COUNTY B.H.D. SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL YEAR ENDED JUNE 30, 2004

		88	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Legal			Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Neg. Rates Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Relmbursement	Reimbursement	Contract	or Contract
Number	Legal Entity			THENT		ATLENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
	 -		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)	((, , , <u>,</u> ,	(
00108	TELECARE CORP.	\$	0 \$	0 s	0 \$	0.5	1,074,975 \$	0 :	1,074,975 \$	1,085,529 \$	1,074,975
	TURNING POINT FOUNDATION	\$	0 \$	0 \$	0 \$	0 \$	314,580 \$	0 9		352,287 \$	314,580
	CASA PACIFICA	\$	0 \$	0 \$	0 \$	0 \$	741,867 \$	0 9	741,867 \$	828,358 \$	741,867
	MILHOUS CHILDREN'S SVCS	\$	0 \$	0 \$	0 \$	0 \$	110,700 \$	0 \$	110,700 \$	220,118 \$	110,700
	ANNE SIPPI CLINIC	\$	0 \$	0 \$	0 \$	0 \$	225,105 \$	0 \$	225,105 \$	281,484 \$	225,105
01144	UNITED PARENTS	\$	0 \$	0 \$	0 \$	0 \$	21,773 \$	0 \$	21,773 \$	105,933 \$	21,773
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	GRAND TOTAL	s		so_s	0 5		2,489,000 \$		\$ 2,489,000 \$	2,873,709 \$	2,489,000

(To Sch. 1)

VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

				As Settled	Audit Adjustments		As Audited
			-	As Settled	 Adjustments	_	As Audited
(1)	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18)	(including contractors) (Adj. 105)	\$	17,203,981	\$ (844,617)	\$	16,359,364
(2)	Total SD/MC Claims	(Adjustment 106, 108, 110 & 112)	\$	20,785,947	(97,496)	•	20,688,451
(3)	Percent % (Line 1/Line 2)			82.77%	\$ -3.70%	\$	79.07%
(4)	EPSDT Claims	(Adjustment 107, 109 & 111)	\$	8,850,954	\$ (97,295)	\$	8,753,659
(5)	Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		\$	7,325,935	\$ (404,417)	\$	6,921,518
(6)	Cost Settled Baseline for EPSDT		\$	3,826,721	\$ 0	\$	3,826,721
(7)	Net Cost Settlement Amount (Line 5 - Line 6)		\$	3,499,214	\$ (404,417)	\$	3,094,797
(8)	46.70% of Cost Settlement Amount (Line 7 x 46.70%)		\$	1,634,133	\$ (188,863)	\$	1,445,270
(8a)	FY 2001-02 EPSDT Settlement		\$	1,490,175	\$ 0	\$	1,490,175
(8b)	Annual Local Growth (L. 8 - 8a)		\$	143,958	\$ (143,958)	\$	0
(9)	County Match 10% of Local Growth (8b x 10%)		\$	14,396	\$ (14,396)	\$	0
(10)	Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 113)	\$	1,619,737	\$ (174,467)	\$	1,445,270
(11)	SGF Distribution (Settled and Audited)	(Adjustment 114, 115 & 116)	\$	1,619,737	\$ (17,727)	\$	1,602,010
(12)	SGF Due County (State)	(Adjustment 117)	\$	0	\$ (156,740)	\$_	(156,740)
							(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

Provide		COUN.	TY BEH	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj.		riod Ended
	Report Re	_				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS - COUNTY P	ROVIDERS			
1	MH 1960	6	С	MEDI-CAL ADJUSTMENT FROM MH 1961		\$ 305,854	\$ (19,428)	\$ 286,426 *
				To adjust reported outpatient managed care costs to agree wit County's records.	n			
				HCFA PUB. 15-1 SEC. 2304				
2	MH 1960	6	С	MEDI-CAL ADJUSTMENT FROM MH 1961	•	* \$ 286,426	\$ (13,345)	\$ 273,081
				To eliminate organizational providers costs reflected on Count records. Organizational providers are required to prepare their own cost reports for reimbursement.	/'s			
				CCR, TITLE 9, CHAPTER 11, SUBCHAPTER 4, ARTICLE 1, SECT 1840.105, PARAGRAPH 2	ION			
3 4	MH 1960 MH 1960	9 10	CC	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION		\$ 3,153,324	\$ (1,123,094)	\$ 2,030,230
5 Info.	MH 1960 MH 1960	11 12	000	NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		869,835 \$ 4,023,159	74 1,123,020	74 1,992,855
		'-				\$4,023,159	\$	\$ 4,023,159
				To adjust reported administrative costs to agree with the County's re workpaper on allocation of administrative costs. Administrative cost Medi-Cal was further allocated between Medi-Cal and Healthy Fami based on audited Medi-Cal gross costs.	s for			
6	MH1960	18	С	MODE COSTS (DIRECT SERVICE AND MAA)		\$ 39,430,027	\$ (32,773)	\$ 39,397,254
				To adjust Mode Costs in conjunction with adjustment number 1 and	2.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

A COUNTY BEHAVIORAL HEALTH DEPARTMENT Deference	00056		lune.	30, 2004
NEI GILCE		117 As	Increase	As
Line Col. EXPLANATION OF AUDIT ADJUSTMENT	rs	Reported	(Decrease)	Adjusted
ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
2 A HOSPITAL INPATIENT SERVICES (MODE 5-SFC 10-19) 3 A OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC) 4 A DAY SERVICES (MODE 10) 5 A OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) 6 A OUTREACH SERVICES (MODE 45) 8 A SUPPORT SERVICES (MODE 60) 9 A TOTAL To adjust Outpatient Services costs in conjunction with adjustment nu		\$ 12,519,442 64,279 160,550 24,963,023 1,028,851 693,882 39,430,027	\$ 0 0 0 (32,773) 0 0 \$ (32,773)	\$ 12,519,442 64,279 160,550 24,930,250 1,028,851 693,882 39,397,254
MODE-SF 3		\$ 11,720 30,735 205,950 180 34,875 15,600 95,060 174,727 2,235 31,955 86,320 510 0 9,610 50	\$ (1,420) (2,430) (10,461) (180) (275) (4,480) 550 (26,457) 0 845 5,750 45 900 2,020 210	\$ 10,300 28,305 195,489 0 34,600 11,120 95,610 148,270 2,235 32,800 92,070 555 * 900 * 11,630 * 260 *
3 N	MANAGED CARE ORGANIZATIONAL 15-33 MANAGED CARE ORGANIZATIONAL 15-43 MANAGED CARE ORGANIZATIONAL 15-53	MANAGED CARE ORGANIZATIONAL 15-33 MANAGED CARE ORGANIZATIONAL 15-43 MANAGED CARE ORGANIZATIONAL 15-53 (Continued) * Balance carried forward to subsequent adjustment.	MANAGED CARE ORGANIZATIONAL MANAGED CARE ORGANIZATIONAL MANAGED CARE ORGANIZATIONAL MANAGED CARE ORGANIZATIONAL (Continued) * Balance carried forward to subsequent adjustment.	MANAGED CARE ORGANIZATIONAL 15-33 0 900 MANAGED CARE ORGANIZATIONAL 15-43 9,610 2,020 MANAGED CARE ORGANIZATIONAL 15-53 50 210 (Continued) * Balance carried forward to subsequent adjustment.

Provider		COLIN	TY BEH	AVIORAL HEALTH DEPARTMENT	Provider Number	No. of Adj.	1	riod Ended
	Report Re			AVIOTAL TILAL TIT DEFARTIMENT	00056	117	June	30, 2004
		leience		EVEL ANATION OF ANTI- AT MACH		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
								-
				ADJUSTMENTS TO ALLOCATION OF TO MODES OF SERVICE	COSTS			
Cont'd)				MOD	E-SF			
22	MH 1966	3	l a l	MANAGED CARE LCSW 15-		\$ 4.630	\$ 55	\$ 4,685
23	MH 1966	3	R	MANAGED CARE LCSW 15-	34	46,130	75	46,205
24	MH 1966	3	s	MANAGED CARE LCSW 15-	14	104,582	795	105,377
25	MH 1966	3	т	MANAGED CARE RN 15-	15	0	1,430	1,430
26	MH 1966	3	lυ	MANAGED CARE RN 15-	35	0	1,980	1,980
27	MH 1966	3	v	MANAGED CARE RN 15-	45		11,620	11,620
Info.				TOTAL		\$ 854,869	\$(19,428)	\$ 835,441
				To adjust Program 2 expenditures to agree with County's reco conjunction with adjustment number 1.	rds in			
28	MH 1966	3	м	MANAGED CARE ORGANIZATIONAL 15-	13 · **	\$ 555	\$ (555)	\$ 0
29	MH 1966	3	N	MANAGED CARE ORGANIZATIONAL 15-	33 **	1.	(900)	0
30	MH 1966	3	0	MANAGED CARE ORGANIZATIONAL 15-	43 **		(11,630)	0
31	MH 1966	3	P	MANAGED CARE ORGANIZATIONAL 15-	53 **		(260)	o o
Info.				TOTAL		\$ 13,345	\$ (13,345)	\$0
				To eliminate cost of organizational providers in conjunction wit number 2.	h adjustment			
32	MH 1966	4	В	MANAGED CARE MFCC 15-	10	\$ 0.99	\$ 0.01	\$ 1.00
info.	MH 1966	4	c	MANAGED CARE MFCC 15-	30	1.50	0.00	1.50
Info.	MH 1966	4	D	MANAGED CARE MFCC 15-	40	1.26	0.00	1.26
33	MH 1966	4	E	MANAGED CARE MFCC 15-	50	1.20	(1.20)	0.00
Info.	MH 1966	4	F	MANAGED CARE PSYCHIATRISTS 15-	31	1.67	0.00	1.67
34	MH 1966	4	G	MANAGED CARE PSYCHIATRISTS 15-	41	1.53	0.11	1.64
Info.	MH 1966	4	H	MANAGED CARE PSYCHIATRISTS 15-	61	3.67	0.00	3.67
35	MH 1966	4	'	MANAGED CARE PSYCHIATRISTS 15-	69	3.39	(0.62)	2.77
				(Continued)				
				,				
				* Balance carried forward to subsequent adjustment.				
		l	1 I	** Balance brought forward from prior adjustment.				

Provider		COLINI	TV DEUA	AVIODAL LIEALTIA DEDADTMENT	Provider Number		No. of Adj.	<u> </u>	Fiscal Pe		
ļ	·			AVIORAL HEALTH DEPARTMENT	00056		117		June 3	30, 200	04 ———————
	Report Re	ference					As		Increase		As
Adj.	Form/	[[[EXPLANATION OF AUDIT ADJUSTME	NTS		Reported	(Decrease)	[4	Adjusted
No.	Sch.	Line	Col.				_	↓		1	
				ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE	<u>TS</u>						
(Cont'd)			l l	MODE-SF	=				•	1	
Info.	MH 1966	4	J	MANAGED CARE PSYCHOLOGISTS 15-12	-	s	1,24	s	0.00	s	1.24
Info.	MH 1966	4	κ	MANAGED CARE PSYCHOLOGISTS 15-32			1,47	ľ	0.00	*	1.47
Info.	MH 1966	4	L	MANAGED CARE PSYCHOLOGISTS 15-42			1.45		0.00		1.45
Info.	MH 1966	4	м	MANAGED CARE ORGANIZATIONAL 15-13			0.71		0.00		0.71 *
36	MH 1966	4	N	MANAGED CARE ORGANIZATIONAL 15-33			0.00		1.50		1.50 *
37	MH 1966	4	0	MANAGED CARE ORGANIZATIONAL 15-43		i i	0.79	1	0.05		0.84 *
38	MH 1966	4	P	MANAGED CARE ORGANIZATIONAL 15-53			1.25		(0.04)		1.21 *
Info.	MH 1966	4	Q	MANAGED CARE LCSW 15-14			0.98	ì	0.00		0.98
Info.	MH 1966	4	R	MANAGED CARE LCSW 15-34		1	1.50		0.00		1.50
Info.	MH 1966	4	s	MANAGED CARE LCSW 15-44			1.25		0.00		1.25
39	MH 1966	4	T	MANAGED CARE RN 15-15			0.00		0.92		0.92
40	MH 1966	4	u	MANAGED CARE RN 15-35			0.00		1.50		1.50
41	MH 1966	4	\	MANAGED CARE RN 15-45			0.00		1.27		1.27
				To adjust Program 2 cost per unit to agree with County's records in conjunction with adjustment number 1.	1						
42	MH 1966	4	M	MANAGED CARE ORGANIZATIONAL 15-13		** 6	0.71	s	(0.71)	l _s	0.00
43	MH 1966	4	iii	MANAGED CARE ORGANIZATIONAL 15-33		** ^Ψ	1.50	٦	(1.50)	l _a	0.00
44	MH 1966	4	Ö	MANAGED CARE ORGANIZATIONAL 15-43		**	0.84		(0.84)	1	0.00
45	MH 1966	4	P	MANAGED CARE ORGANIZATIONAL 15-53		**	1.21		(1.21)		0.00
				To adjust Program 2 cost per unit in conjunction with adjustment no	umber 2.						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provide		COUN	TY BEHA	VIORAL HEALTH DEPARTMENT	ovider Number 00056	No. of Adj. 117	Fiscal Perio	od Ended 30, 2004
	Report Re	ference				As	Increase	
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.				·	
			.	ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVID	ERS			
				MODE-SF				
46	MH 1966	2	в	TOTAL UNITS - MANAGED CARE MFCC 15-10		11,880	(1,560)	10,320
47	MH 1966	2	l c l	TOTAL UNITS - MANAGED CARE MFCC 15-30		20,520	(1,620)	18,900
48	MH 1966	2		TOTAL UNITS - MANAGED CARE MFCC 15-40		163,295	(8,195)	155,100
49	MH 1966	2	E	TOTAL UNITS - MANAGED CARE MFCC 15-50		150	(150)	0
50	MH 1966	2) F	TOTAL UNITS - MANAGED CARE PSYCHIATRISTS 15-31		20,940	(180)	20.760
51	MH 1966	2	G	TOTAL UNITS - MANAGED CARE PSYCHIATRISTS 15-41		10,180	(3,410)	6,770
52	MH 1966	2	НΙ	TOTAL UNITS - MANAGED CARE PSYCHIATRISTS 15-61		25,935	150	26,085
53	MH 1966	2		TOTAL UNITS - MANAGED CARE PSYCHIATRISTS 15-69		51,480	2,135	53,615
Info.	MH 1966	2	l j l	TOTAL UNITS - MANAGED CARE PSYCHOLOGISTS 15-12		1,800	2,.50	1,800
54	MH 1966	2	ľκl	TOTAL UNITS - MANAGED CARE PSYCHOLOGISTS 15-32		21,720	540	22,260
55	MH 1966	2	L	TOTAL UNITS - MANAGED CARE PSYCHOLOGISTS 15-42		59,400	4,235	63,635
56	MH 1966	2	м	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-13		720	60	780 *
57	MH 1966	2	N	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-33		0	600	600 *
58	MH 1966	2	0	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-43		12.100	1,815	13,915 *
59	MH 1966	2	P	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-53		40	175	215 *
60	MH 1966	2		TOTAL UNITS - MANAGED CARE LCSW 15-14		4,740	60	4,800
61	MH 1966	2	R	TOTAL UNITS - MANAGED CARE LCSW 15-34		30,780	60	30,840
62	MH 1966	2	l s l	TOTAL UNITS - MANAGED CARE LCSW 15-44		83,600	660	84,260
63	MH 1966	2	+	TOTAL UNITS - MANAGED CARE RN 15-15		0	1,560	1,560
64	MH 1966	2	υl	TOTAL UNITS - MANAGED CARE RN 15-35		0	1,320	1,320
65	MH 1966	2	ΙvΙ	TOTAL UNITS - MANAGED CARE RN 15-45		Ö	9,130	9,130
Info.		_		TOTAL		519,280	7,385	526,665
				To adjust Program 2 total units to agree with County's records in conjunction with adjustment number 1.				
66	MH 1966	2	м	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-13	**	780	(780)	0
67	MH 1966	2	N	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-33	**	600	(600)	Ō
68	MH 1966	2	0 1	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-43	**	13,915	(13,915)	0
69	MH 1966	2	P	TOTAL UNITS - MANAGED CARE ORGANIZATIONAL 15-53	**	215	(215)	0
Info.				TOTAL		15,510	(15,510)	0
				To eliminate total units of organizational providers in conjunction with adjunumber 2.	stment			
				* Balance carried forward to subsequent adjustment.				
	1	i	ı 1	** Balance brought forward from prior adjustment.	_	_		

Provide		COUN	TY BEHA	VIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 117	Fiscal Perio	od Ended 30, 2004
Adj.	Report Ref	ference		EXPLANATION OF AUDIT ADJUSTMEN		As Reported	Increase (Decrease)	As
No.	Sch.	_Line_	Col.	EXPLANATION OF AUDIT ADJUSTMEN		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PR	ROVIDERS			
70 71 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL		1,439,486 4,065,193 5,504,679	80,572 79,143 159,715	1,520,058 * 4,144,336 * 5,664,394
				To adjust reported Medi-Cal units to include Medicare/Medi-Cal Crounits per the settled cost report. The auditor submitted detail workpato the County.				
72 73 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL	*	1,520,056	18,323 294,157 312,480	1,538,381 * 4,438,493 * 5,976,874
				To adjust total Medi-Cal units to agree with total Medi-Cal units per 3 Department of Mental Health (DMH) Summary of Approved Claims dated December 3, 2008. The auditor submitted detail workpapers County.	Report			
74 75 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL	•	[1,000,001	(6,953) (101,550) (108,503)	1,531,428 * 4,336,943 * 5,868,371
				To adjust State DMH Summary of Approved Claims Report dated D 3, 2008 to include negative adjustments. The auditor submitted detapapers to the County.				
				 State DMH Medi-Cal Oversight EPSDT Audit State DMH Medi-Cal Oversight Chart Review Non-Certified Units for Prov. #56AO County's Back Out Units 	(38,277) (110) (51,096) (19,020) (108,503)			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		COLIN	TV DEU	WIODAL HEALTH DEDADTMENT	Provider Number	No. of Adj.	Fiscal Perio	
<u> </u>	Report Re		IT DEHA	AVIORAL HEALTH DEPARTMENT	00056	117	June 3	30, 2004
Adj No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	тѕ	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED UNITS - COUNTY PR	OVIDERS			
76 77 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL	**	1,531,428 4,336,943 5,868,371	(91,942) (271,750) (363,692)	1,439,486 * 4,065,193 * 5,504,679
				To adjust State DMH Summary of Approved Claims Report dated De 3, 2008 (after incorporating adjustment numbers 74 and 75) to agree County's records prior to adjustment numbers 78 and 79).				
78 79 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL	•• ••	1,439,486 4,065,193 5,504,679	(6,953) (101,550) (108,503)	1,432,533 * 3,963,643 * 5,396,176
				To adjust County's records to include negative adjustments. The au submitted detail workpapers to the County. - State DMH Medi-Cal Oversight EPSDT Audit	(38,277)			
				- State DMH Medi-Cal Oversight Chart Review - Non-Certified Units for Prov. #56AO - County's Back Out Units	(110) (51,096) (19,020) (108,503)			
80 81 Info.	MH 1966 MH 1966	8 8A	TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL	**	1,432,533 3,963,643 5,396,176	0 0	1,432,533 3,963,643 5,396,176
				To adjust the County's records to incorporate the control of the lower approved units (after incorporating adjustment numbers 74 and 75) records (after incorporating adjustment numbers 78 and 79) by servicode.	or County's		-	
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	_			·

Provide	-	COUN	TV BCU/	AVIORAL HEALTH DEPARTMENT	Provider Number	No. of Adj.	Fiscal Perio	1
	Report Re		T DEMA	AVIONAL FIEAL (FI DEFAR I MEN)	00056	117		30, 2004
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	As Reported	Increase (Decrease)	As Adjusted
,				ADJUSTMENTS TO REPORTED UNITS - COUNTY PR	OVIDERS			
82 83 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - COUNTY PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - COUNTY PROVIDERS TOTAL To reduce total Medi-Cal units for county operated providers by audi Medicare/Medi-cal Crossover units, audited Enhanced SD/MC (Child units, audited Enhanced SD/MC (Refugees) units and audited Healt Families (SED) units per State DMH Summary of Net Approved Clai Report dated December 3, 2008. This report was also adjusted for tonon-certified units for Prov. #56AO. The auditor submitted detail wo papers to the County. - Medicare/Medi-Cal Crossover Units - Enhanced SD/MC (Children) Units - Enhanced SD/MC (Refugees) Units - Healthy Families (SED) Units	dren) hy ms he	1,432,533 3,963,643 5,396,176	(29,860) (67,691) (97,551)	1,402,673 3,895,952 5,298,625
84 85 Info.	MH 1966 MH 1966	8 8A	TOTAL	ADJUSTMENTS TO REPORTED UNITS - CONTRACT P MEDI-CAL UNITS 07/01/03 - 09/30/03 - CONTRACT PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - CONTRACT PROVIDERS TOTAL To adjust total Medi-Cal units to agree with total Medi-Cal units per S DMH Summary of Approved Claims Report dated December 3, 2008 The auditor submitted detail workpapers to the County. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	PROVIDERS State	415,876 1,358,139 1,774,015	110 <u>840</u> <u>950</u>	415,986 ****

Provide		COUN	TY BEHA	VIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj.	Fiscal Perio	od Ended 30, 2004
	Report Re					As	Increase	As
Adj. No	Form/ Sch.	_Line_	Col.	EXPLANATION OF AUDIT ADJUSTMENT	rs 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT P	ROVIDERS			
86 87 Info.	MH 1966 MH 1966	8 8A	TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - CONTRACT PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - CONTRACT PROVIDERS TOTAL	**	415,986 1,358,979 1,774,965	(1,821) (2,187) (4,008)	414,165 * 1,356,792 * 1,770,957
				To adjust State DMH Summary of Approved Claims Report dated De 3, 2008 to include negative adjustments. The auditor submitted detain papers to the County.				
		ı		 State DMH Disallowed Claims Report State DMH Medi-Cal Oversight EPSDT Audit County's Back Out Units 	(639) (120) (3,249) (4,008)			
88 89 Info.	MH 1966 MH 1966	8 8A	TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - CONTRACT PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - CONTRACT PROVIDERS TOTAL	**	414,165 1,356,792 1,770,957	1,711 1,347 3,058	415,876 * 1,358,139 * 1,774,015
				To adjust State DMH Summary of Approved Claims Report dated De 3, 2008 (after incorporating adjustment numbers 86 and 87) to agree County's records prior to adjustment numbers 90 and 91).	cember with			
90 91 Info.	MH 1966 MH 1966	8 8A	TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - CONTRACT PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - CONTRACT PROVIDERS TOTAL	**	415,876 1,358,139 1,774,015	(1,821) (2,187) (4,008)	414,055 * 1,355,952 * 1,770,007
				To adjust County's records to include negative adjustments. The audsubmitted detail workpapers to the County.	litor			
				- State DMH Disallowed Claims Report - State DMH Medi-Cal Oversight EPSDT Audit - County's Back Out Units	(639) (120) (3,249) (4,008)			
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				

Provide		COUN	TY BEHA	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj.	Fiscal Peri	od Ended 30, 2004
	Report Re				L	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED UNITS - CONTRACT P	ROVIDERS			
92 93 Info.	MH 1966 MH 1966	8 8A	TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - CONTRACT PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - CONTRACT PROVIDERS TOTAL	**	414,055 1,355,952 1,770,007	0 0 0	414,055 * 1,355,952 * 1,770,007
				To adjust the County's records to incorporate the control of the lower approved units (after incorporating adjustment numbers 86 and 87) records (after incorporating adjustment numbers 90 and 91) by servicode.	or County's			
94 95 Info.	MH 1966 MH 1966	8 8A	TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 - CONTRACT PROVIDERS MEDI-CAL UNITS 10/01/03 - 06/30/04 - CONTRACT PROVIDERS TOTAL	. **	414,055 1,355,952 1,770,007	(189) (6,377) (6,566)	413,866 1,349,575 1,763,441
				To reduce total Medi-Cal units for contract providers by audited Enha SD/MC (Children) units per State DMH Summary of Net Approved C Report dated December 3, 2008. The auditor submitted detail works to the County.	aims			
			}	ADJUSTMENTS TO REPORTED REVENUES - COUNTY	PROVIDERS			
96 97 98 99 Info.	MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A	E E K K	SD/MC + CROSSOVER REVENUES - INPATIENT 07/1/03 - 09/30/0 SD/MC + CROSSOVER REVENUES - INPATIENT 10/1/03 - 06/30/0 SD/MC + CROSSOVER REVENUES - OUTPATIENT 07/1/03 - 09/3 SD/MC + CROSSOVER REVENUES - OUTPATIENT 10/1/03 - 06/3 TOTAL	4 0/03	\$ 261,012 1,048,206 66,073 111,720 \$ 1,487,011	\$ 14,166 56,892 6,051 10,230 \$ 87,339	\$ 275,178 * 1,105,098 * 72,124
				To adjust reported SD/MC and Crossover revenues to agree with Co Report E 108 Payments from Other Sources for Medi-Cal Clients.	unty's			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.		,		

Provide		COUN	TY BEH	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj. 117	Fiscal Per June	iod Ended 30, 2004
Adi.	Report Re	ference		EXPLANATION OF AUDIT ADJUSTMEN	те	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTIVIEN	10	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED REVENUES - COUNTY	PROVIDERS			
100 101 Info.	MH 1968 MH 1968	28 28A	E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/1/03 - 09/30/0 SD/MC + CROSSOVER REVENUES - INPATIENT 10/1/03 - 06/30/0 TOTAL		\$ 275,178 1,105,098 \$ 1,380,276	\$ 37,414 150,251 \$ 187,665	\$ 312,592 1,255,349 \$ 1,567,941
				To adjust SD/MC and Crossover revenues to reflect the Revised Fin Medicare Settlement dated September 13, 2007.	al			
				ADJUSTMENTS TO REPORTED SD/MC SETTLES COUNTY PROVIDERS	MENT			
102 103 Info.	MH 1979 MH 1979	23 27	J	ADJUSTED TOTAL SD/MC REIMBURSEMENT (FFP) TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) TOTAL		\$ 10,603,077 0 \$ 10,603,077	\$ (1,513,621) \$ (1,513,204)	\$ 9,089,456 417 \$ 9,089,873
				To adjust the Total SD/MC Reimbursement (FFP) and Healthy Famil Reimbursement (FFP) for county providers due to adjustments to corevenues and units of service.				
				ADJUSTMENTS TO REPORTED SD/MC SETTLE! COUNTY PROVIDERS	MENT			
104	MH 1979	23	J	ADJUSTED TOTAL SD/MC REIMBURSEMENT (FFP)		\$ 2,490,531	\$ (1,531)	\$ 2,489,000
				To adjust the Total SD/MC Reimbursement (FFP) for contract provid to adjustments made to units of service.	ers due			
				LE #00108 Telecare Corporation LE #00226 Turning Point Foundation LE #00275 Casa Pacifica LE #00386 Milhous Children's Services		\$ 1,075,161 317,528 739,356 111,442	\$ (186) (2,948) 2,511 (742)	\$ 1,074,975 314,580 741,867 110,700
				LE #00409 Anne Sippi Clinic LE #01144 United Parents		225,105 21,939 \$ 2,490,531	\$ (166) (1,531)	225,105 21,773 2,489,000
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.		<u></u>		

Provider		COUN	TY BEH/	AVIORAL HEALTH DEPARTMENT	Provider Number 00056		No. of Adj.		Fiscal Pe		Ended 2004	
	Report Re	ference				_	As	\dagger	Increase	7	As	\dashv
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS		Reported		(Decrease)		Adjusted	
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENE	RAL FUNDS							
105	SCH 4	1	3	SD/MC ACTUALS		\$	17,203,981	\$	(844,617)	\$	16,359,364	
		l		To adjust SD/MC actuals due to adjustments made to total computa costs as reflected on the MH 1979 forms for both County Providers Providers. The amounts utilized for this purpose were SD/MC and E outpatient services only.	and Contract		·					
106 107	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$	20,785,947 8,850,954	\$	(102,375) (102,375)	\$	20,683,572 8,748,579	*
				To adjust total SD/MC claims and EPSDT claims to include the result Department's audit of the EDSDT Progam conducted by the State D Oversight Branch as reflected in the report dated March 3, 2008. The period from April 1, 2004 through June 30, 2004. This represent recoupment.	MH Medi-Cal ne Report covered							
108 109	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		** \$	20,683,572 8,748,579	\$	102,375 102,375	\$	20,785,947 8,850,954	*
				To adjust total SD/MC claims and EPSDT claims to reverse the origincluded in adjustment numbers 106 and 107 above. The revised fill "Total SD/MC Caims and EPSDT Claims" will be taken in adjustmentand 111 below.	ndings affecting							
110 111	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		** \$	20,785,947 8,850,954	\$	(97,295) (97,295)	\$	20,688,652 8,753,659	*
		·		To adjust total SD/MC claims and EPSDT claims to include the resument's revised audit of the EPSDT Program conducted by the State Oversight Branch as reflected in the report dated March 3, 2008. The period from April 1, 2004 through June 30, 2004. This represent recoupment.	DMH Medi-Cal ne Report covered							
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.							<u>:</u>	

⁻rovider		· -			Provider Number	\neg	No. of Adj.	_	Fiscal Per	iod (Ended
	VENTURA	COUN.	TY BEHA	AVIORAL HEALTH DEPARTMENT	00056		117		June 3	0, 2	004
	Report Re	ference					As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS 		Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENE	RAL FUNDS						
112	SCH 4	2	3	TOTAL SD/MC CLAIMS		** \$	20,688,652	\$	(201)	\$	20,688,451
				To adjust total SD/MC claims to include the results of the On-Site Reby the State DMH Medi-cal Oversight Branch. The report was dated 2005 and covered the period from February 2004 through April 2004	December 21,						
113	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	1,619,737	\$	(174,467)	\$	1,445,270
				To adjust net cost settlement amount as a result of adjustments to S (Total Computable Medi-Cal), total SD/MC claims and EPSDT claims	D/MC actuals s.			ļ	,		
114	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	•	\$	1,619,737	\$	(18,653)	\$	1,601,084 *
				To adjust State General Fund (SGF) Distribution to include the result audit of the EPSDT Program conducted by the State DMH Medi-Cal reflected in the report dated March 3, 2008. The Report covered the 2004 through June 30, 2004. This represents the SGF original recounts.	Oversight Branch as period from April 1,						
115	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$	1,601,084	\$	18,653	\$	1,619,737 *
	Ti.			To adjust State General Fund Distribution to reverse the original SGI included in adjustment number 114 above. The revised findings affe General Fund Distribution" will be taken in adjustment number 116 b	ecting "State						
116	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION .		** \$	1,619,737	\$	(17,727)	\$	1,602,010
	E			To adjust State General Fund Distribution to include the results of the revised audit of the EPSDT Program conducted by the State DMH M Branch as reflected in the report dated March 3, 2008. The Report of from April 1, 2004 through June 30, 2004. This represents the revise	ledi-Cal Oversight covered the period						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider		COUN	TY BEHA	AVIORAL HEALTH DEPARTMENT	Provider Number 00056	No. of Adj.	Fiscal Peri June 30	
Adj.	Report Re	ference		EVEL ANATION OF AUDIT AD INCTACE	то	As	Increase	As
No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENE	RAL FUNDS			
117	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE		\$ 0	\$ (156,740)	\$ (156,740)
				To adjust State General Funds due State as a result of adjustments Amount and State General Fund Distribution as follows:	to Cost Settlement			
				Audited Net Cost Settlement Amount Adj. 113 Audited State General Fund Distribution Adj. 116 Net State General Funds due to State	\$ 1,445,270 1,602,010 \$ (156,740)			
						-		
ı								
		1						
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 		<u> </u>		

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: VENTURA

	Legal Entity: VENTURA COUNTY B.H.D.	Α	В	С
Leg	al Entity Number: 00056	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	29,864,981	25,997,978	55,862,959
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(7,809,992)	(7,809,992)
4	Other Adjustments from MH 1962	(1,367,199)	(2,354,017)	(3,721,216)
5	Total Costs Before Medi-Cal Adjustments	28,497,782	15,833,969	<u>44,331,751</u>
6	Medi-Cal Adjustments from MH 1961		273,081	273,081
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			44,604,832
	Administrative Costs (County Only)			
9	SD/MC Administration			2,030,230
10	Healthy Families Administration			74
11	Non-SD/MC Administration			1,992,855
12	Total Administrative Costs			4,023,159
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			479,926
14	Other SD/MC Utilization Review			343,789
15	Non-SD/MC Utilization Review			<u>36</u> 0,704
16	Total Utilization Review Costs			1,184,419
<u> </u>				
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			39,397,254
				44.004.000
[19	Total Costs - Lines 9 through 18			44,604,832

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: VENTURA

Legal Entity: VENTURA COUNTY B.H.D.	Α	В	С
Legal Entity Number: 00056	Salaries		Total
	and Benefits	Other	Adjustments
1 DEPRECIATION		305,854	305,854
2			
3 ADJUSTMENTS PER STATE DMH AUDIT			
4			<u>-</u>
5 To adjust reported outpatient managed care costs to		·	
6 agree with County's records.		(19,428)	(19,428)
7			
8 To eliminate organizational provider costs reflected			
9 as Outpatient Program 2 costs on County's records.		(13,345)	(13,345)
10			
11			
12			
13			
14			
15			
16			
17		_	
18			
19			
20 Total Adjustments		273,081	273,081

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: VENTURA

Legal Entity: VENTUR	A COUNTY B.H.D.	A	В	С
Legal Entity Number: 00056		Salaries	,	Total
		and Benefits	Other	Adjustments
1 SB90 - OUT OF STATE CC	NTRACT	0	(574,348)	(574,348)
2 MIOCR/MART		(481,451)	(214,644)	(696,095)
3 STATE HOSPITAL			(290,724)	(290,724)
4 CONREP		(372,205)	(130,905)	(503,110)
5 PUBLIC HEALTH CHPD		(76,982)	(656)	(77,638)
6 SAMSHA-EBP-IDDT		(20,898)		(20,898)
7 VOCATIONAL REHAB		(106,754)	(77,035)	(183,789)
8 EMPLOYMENT SERVICES		(120,216)	(18,436)	(138,652)
9 MANAGED CARE I/P			(1,025,128)	(1,025,128)
10 SAMHSA - JUVENILE JUS		(110,529)	(4,570)	(115,099)
11 MANDATED COMPLIANCE		(78,164)	(17,571)	(95,735)
12				
13				
14				
15				
16				
17				
18				
19				
20 Total Adjustments		(1,367,199)	(2,354,017)	(3,721,216)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: VENTURA

	Legal Entity: VENTURA COUNTY B.H.D.	A
Le	gal Entity Number: 00056	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	39,397,254
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	12,519,442
3	Other 24 Hour Services (Mode 05-All Other SFC)	64,279
4	Day Services (Mode 10)	160,550
5	Outpatient Services (Mode 15 Program 1 + Program 2)	24,930,250
6	Outreach Services (Mode 45)	1,028,851
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	693,882
9	Total - Lines 2 through 8	39,397,254

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA County Code: 56

CR CR Legal Entity: VENTURA COUNTY B.H.D. Legal Entity Number: 00056 Service Service Service Service Service Service Mode: 05 - Hospital Inpatient (SFC 10-19) Mode Total Function Function Function Function Function 13 19 Allocation Percentage 100.009 74.859 25.15% Total Units 10.161 3,415 Gross Cost 12.519.442 3.149.226 9,370,216 Cost per Unit 922.17 922.17 SMA per Unit 873.40 236.78 Published Charge per Unit 873.40 236.78 Negotiated Rate / Cost per Unit 07/01/03 - 09/30/03 721 398 Medi-Cal Units 84 10/01/03 - 06/30/04 1 386 2.096 07/01/03 - 09/30/03 322 Medicare/Medi-Cal Crossover Units 9A 10/01/03 - 06/30/04 843 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Units 104 10/01/03 - 06/30/04 10B Enhanced SD/MC (Refugees) Units 07/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families (SED) Units 10/01/03 - 06/30/04 12 Non-Medi-Cal Units 6.179 1.631 07/01/03 - 09/30/03 664.888 118.415 783.303 Medi-Cal Costs 10/01/03 - 06/30/04 2.347.564 1,932,878 414.687 07/01/03 - 09/30/03 748,136 629,721 118.415 Medi-Cal SMA Upper Limits 14A 10/01/03 - 06/30/04 2,245,333 1,830,646 414.687 748,136 07/01/03 - 09/30/03 629,721 118.415 Medi-Cal Published Charges 10/01/03 - 06/30/04 2.245.333 1.830.646 414.687 07/01/03 - 09/30/03 Medi-Cal Negotiated Rates 16A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 296,940 296,940 Medicare/Medi-Cal Crossover Costs 17A 10/01/03 - 06/30/04 777,393 777.393 18 Medicare/Medi-Cal Crossover SMA Upper Limits 07/01/03 - 09/30/03 281.235 281.235 10/01/03 - 06/30/04 736.276 736,276 18A 19 Medicare/Medi-Cal Crossover Published Charges 07/01/03 - 09/30/03 281,235 281,235 10/01/03 - 06/30/04 736,276 736,276 20 Medicare/Medi-Cal Crossover Negotiated Rates 07/01/03 - 09/30/03 10/01/03 - 06/30/04 21 Enhanced SD/MC (Children) Costs 07/01/03 - 09/30/03 10/01/03 - 06/30/04 22 Enhanced SD/MC (Children) SMA Upper Limits 07/01/03 - 09/30/03 22A 10/01/03 - 06/30/04 23 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Published Charges 23A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 24 Enhanced SD/MC (Children) Negotiated Rates 24A 10/01/03 - 06/30/04 25 Enhanced SD/MC (Refugees) Costs 07/01/03 - 06/30/04 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 29 29A 07/01/03 - 09/30/03 Healthy Families Costs 10/01/03 - 06/30/04 30 07/01/03 - 09/30/03 Healthy Families SMA Upper Limits 30A 10/01/03 - 06/30/04 31 07/01/03 - 09/30/03 Healthy Families Published Charges 10/01/03 - 06/30/04 31A 32 07/01/03 - 09/30/03 Healthy Families Negotiated Rates 10/01/03 - 06/30/04 33 Non-Medi-Cal Costs 8,314,242 5,698,117 2,616,125

^{*} SFC 19 Limited to SMA + Physician and Ancillary.

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA County Code: 56

Legal Entity: VENTURA COUNTY B.H.D.		A 1	В	С	D	E	F	G
Legal Entity Number: 00056			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
1			85					
Allocation Percentage		100.00%	100.00%					
Total Units			6,360					
Gross Cost		64,279	64,279	****************				
Cost per Unit			10.11					
SMA per Unit								
Published Charge per Unit							ļ	
Negotiated Rate / Cost per Unit					*.*.*.*.*.*.*.*.			
Madi California	07/01/03 - 09/30/03							
Medi-Cal Units	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
A Medicare/Medi-Car Crossover Offics	10/01/03 - 06/30/04						ł	
Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
0A	10/01/03 - 06/30/04							
0B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
Healthy Families (SED) Units	07/01/03 - 09/30/03							ļ. —
1A	10/01/03 - 06/30/04				ļ		ļ	
2 Non-Medi-Cal Units	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6,360	**************	*********	 		**********
3 Modi Cal Costs	07/01/03 - 09/30/03		1					
Medi-Cal Costs	10/01/03 - 06/30/04							
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03			_				
4A Medi-Cai SiviA Opper Limits	10/01/03 - 06/30/04							
Medi-Cal Published Charges	07/01/03 - 09/30/03							
5A	10/01/03 - 06/30/04							
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						<u> </u>	
6A Medi-Cal Hegotiated Nates	10/01/03 - 06/30/04	<u> </u>					<u> </u>	
7	07/01/03 - 09/30/03	1	,,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,.,		100000000000000000000000000000000000000			
7A Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
8 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
<u>8A</u>	10/01/03 - 06/30/04							
9 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
9A	10/01/03 - 06/30/04				1			
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
0A Medicare/Medi-Car Crossover Negotiated Nates	10/01/03 - 06/30/04						1	***********
1 Faharand SD/MC Coats	07/01/03 - 09/30/03				1		1	1
Enhanced SD/MC Costs	10/01/03 - 06/30/04				1			
Enhanced SD/MC SMA United	07/01/03 - 09/30/03				i			
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
[3A]	10/01/03 - 06/30/04							<u> </u>
Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							<u> </u>
24A Enhanced Spinio Negotiated Nates	10/01/03 - 06/30/04	1			 	1	1	
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					1		
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	1				1	İ	
27 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04				1	l		
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
<u>a a 1860 e 20 e </u>	07/01/03 - 09/30/03			100000000		<u> </u>	<u> </u>	
Healthy Families Costs	10/01/03 - 06/30/04			 	 	 	 	+
20	07/01/03 - 09/30/03	1		-	+	 	+	
Healthy Families SMA Upper Limits	10/01/03 - 09/30/04	+		 	1	 	+	
24	07/01/03 - 09/30/03	+			1	 		
Healthy Families Published Charges	10/01/03 - 06/30/04			-	1	 		
22	07/01/03 - 09/30/03	1			-	-	1	
Healthy Families Negotiated Rates	10/01/03 - 06/30/04	 			 	\vdash		
		. langer of the second		1-,-,-,-,-,-,-,-,-,-		 		4000000000

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA County Code: 56 CR CR Legal Entity: VENTURA COUNTY B.H.D. Legal Entity Number: 00056 Service Service Service Service Service Service Mode: 10 - Day Services Mode Total Function Function Function Function Function Function 41 95 1 Allocation Percentage 100 00% 80.899 19.11% 2 Total Units 673 10.810 Gross Cost 160,550 129,870 30,680 4 Cost per Unit 192.97 2.84 5 SMA per Unit 118.94 Published Charge per Unit 120.90 Negotiated Rate / Cost per Unit 07/01/03 - 09/30/03 Medi-Cal Units 8A 10/01/03 - 06/30/04 9 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Units 9A 10/01/03 - 06/30/04 10 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Units 10A 10/01/03 - 06/30/04 10B Enhanced SD/MC (Refugees) Units 07/01/03 - 06/30/04 07/01/03 - 09/30/03 Healthy Families (SED) Units 11A 10/01/03 - 06/30/04 12 Non-Medi-Cal Units 673 10.810 07/01/03 - 09/30/03 Medi-Cal Costs 13A 14 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medi-Cal SMA Upper Limits 14A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medi-Cal Published Charges 15A 10/01/03 - 06/30/04 16 07/01/03 - 09/30/03 Medi-Cal Negotiated Rates 16A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Costs 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Published Charges 19A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Enhanced SD/MC Costs 10/01/03 - 06/30/04 07/01/03 - 09/30/03 Enhanced SD/MC SMA Upper Limits 22A 10/01/03 - 06/30/04 23 07/01/03 - 09/30/03 Enhanced SD/MC Published Charges 23A 10/01/03 - 06/30/04 24 07/01/03 - 09/30/03

10/01/03 - 06/30/04

07/01/03 - 06/30/04

07/01/03 - 09/30/03

10/01/03 - 06/30/04

07/01/03 - 09/30/03

10/01/03 - 06/30/04

07/01/03 - 09/30/03

10/01/03 - 06/30/04

07/01/03 - 09/30/03

10/01/03 - 06/30/04

160,550

129,870

30,680

33 Non-Medi-Cal Costs

24A

29

29A

30 30A

31

31A

32 32A

Enhanced SD/MC Negotiated Rates

Healthy Families SMA Upper Limits

Healthy Families Published Charges

Healthy Families Negotiated Rates

28 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04

25 Enhanced SD/MC (Refugees) Costs

Healthy Families Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County Code: 58 CR		County: VENTURA								
Legal Entity Number: 00066 Service Service Service Service Function Functi					CR	CR	CR	CR	CR	CR
Legal Entity Number: 00066 Service Service Service Service Function Functi		Legal Entity: VENTURA COUNTY B.H.D.		Α	B	C	D	E	F	G
Allocation Percentage	Lega	al Entity Number: 00056					Service		Service	Service
Allocation Fercentage	Ь_	Mode: 15 - Outpatient (Program 1)		Mode Total						
Total Units	ļ .	Allocation Percentage		400.000/						
Gross Cost				100.00%						
Second Perfuling				24 108 154						
S. SMA per Unit	· · · · · ·		<u> </u>			444444444				
Published Charge per Unit										
Negolistor Rate / Cost per Units	6									
Age	7	Negotiated Rate / Cost per Unit								
Age	8	Tillian markani <u>Tilli</u> an minaran mangili Tillian ma	07/01/03 - 09/30/03		691 063	128 005	83 005	259 705	22 130	141 341
American	8A	Medi-Cal Units								
An Alexandrian Control of the Contro	<u> </u>				1,740,101	303,003			00,200	
Prinanced SDIMC (Children) Units	9A	Medicare/Medi-Cal Crossover Units							101	
100	10	February CD/MC (Children) limits			628	874				
108 Enhanced SDIAC (Refugees) Units	10A	Ennanced SD/MC (Children) Units			4,380	1,831	4,210	2,192	627	656
111A	10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							45
Non-Medi-Cal Units	11	Healthy Families (SED) Units								
Medi-Cal Costs	11A		10/01/03 - 06/30/04							72
13A Medi-Cal Costs 1001/03 - 06/30/04 8.541,035 2.877,233 788,134 593,092 1,580,810 177,484 1,857,655 144 1,867,655 144 1,745,53 144,010 1,744,563 144,010 1,744,563 1,444,563 1,4	12	Non-Medi-Cal Units			1,259,480	598,473	589,591	1,472,984	247,184	574,011
1001/03 - 06/3004 1,247,925 7,88,134 393,092 1,580,810 177,484 1,697,950 1	13	Medi-Cal Coets	07/01/03 - 09/30/03	3,007,333	1,127,624	274,874	179,109	551,657	47,209	558,087
140 140	13A	Medi-Cai Costs	10/01/03 - 06/30/04		2,877,253	788,134	593,092	1,580,810		1,857,655
	14	Medi-Cal SMA Unner Limits								617,660
15A Medic-Cal Negotiated Rates 10/01/03 - 06/30/04 10,783,910 3,554,212 990,536 745,404 1,986,780 223,064 2,347,640 1,986,780 223,064 2,347,640 1,986,780 223,064 2,347,640 1,986,780 223,064 2,347,640 1,986,780 223,064 2,347,640 1,986,780 223,064 2,347,640 1,986,780 223,064 2,347,640 1,986,780 2,347,640 1,986,780 2,347,640 1,986,780 2,347,640 1,986,780 2,347,640 1,986,780	14A									
15A Medi-Cal Negotiated Rates		Medi-Cal Published Charges								
16A Medicare/Medi-Cal Crossover Costs 07/01/03 - 09/30/03 102,074 3,924 341 97,094 188 180 190	15A			10,783,910	3,654,212	990,536	745,404	1,986,780	223,064	2,347,640
Medicare/Medi-Cal Crossover Costs 07/01/03 - 09/30/03 102,074 3,924 341 97,094 17,044		Medi-Cal Negotiated Rates								
17A Medicare/Medi-Cal Crossover SMA Upper Limits 100/10/3 - 06/30/04 200,220 5,800 21 215 193,197 193,184 194 149 124 238 213,820 204 205 204 205 20		<u> </u>	000000000000000000000000000000000000000		<u>@00000000000</u>	10,000,000,000		<u>9900000000</u>	<u> </u>	
17A 1001/03 - 06/30/04 200,220 5,800 21 215 193,197	17	Medicare/Medi-Cal Crossover Costs								
18A Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/03 - 06/30/04 221,592 6,419 24 238 213,820 194 194 195 196									215	
Medicare/Medi-Cal Crossover Published Charges 07/01/03 - 09/30/03 128,962 4,931 429 122,704 100/1/03 - 06/30/04 252,980 7,290 27 271 244,156 270 270 271 244,156 270 271 244,156 271 271 244,156 271 271 244,156 271 271 244,156 271 271 244,156 271 271 244,156 271		Medicare/Medi-Cal Crossover SMA Upper Limits								
Medicare/Medi-Cal Crossover Published Charges 10/01/03 - 06/30/04 252,980 7,290 27 271 244,156 10/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/03 1,952 1,722 1,722 1,723 1,723 1,723 1,724 1,319 1,936 1,723 1,480 1,966 1,763 1,725 1,7									236	
Medicare/Medi-Cal Crossover Negotiated Rates 07/01/03 - 09/30/03 10/01/03 - 08/30/04 1,038 1,864 1,763 1,555 1,555 1,600 1,000 1		Medicare/Medi-Cal Crossover Published Charges							271	
Medicare/Medi-Cal Crossover Negotiated Rates 10/01/03 - 06/30/04 1,038 1,864 1,763 1,556 1,702 1,003 1,001/03 - 06/30/04 30,332 7,242 3,904 8,977 4,674 1,337 2,590 2,222 2,224 2,246 1,006 2,300 3,000	20					_				24,,,,,,,,
Company	20A	Medicare/Medi-Cal Crossover Negotiated Rates								_
10/01/03 - 06/30/04 30,332 7,242 3,904 8,977 4,674 1,337 2,590	24	<u>នាសាស្ត្រទី២០១៤នៅដើម៉ាន់បានបានប្រមាញ ប្រើបានបានប្រាប់ប្រជាជាបានប្រើបានបានប</u>		6 221	1.029	1 964		1 762		1 556
222A Enhanced SD/MC SMA Upper Limits 07/01/03 - 09/30/03 6,885 1,149 2,063 1,952 1,722 1,722 1,001/03 - 06/30/04 33,569 8,015 4,321 9,936 5,173 1,480 2,867 233 234 2,216 1,001/03 - 06/30/04 38,231 9,198 4,907 11,283 5,875 1,680 3,273 2,244 2,246 2,		Enhanced SD/MC Costs				_	8 977		1 337	
10/01/03 - 06/30/04 33,569 8,015 4,321 9,936 5,173 1,480 2,867	22	-					0,511		1,007	
Continued SD/MC Published Charges	22A	Enhanced SD/MC SMA Upper Limits					9.936		1.480	2,867
10/01/03 - 06/30/04 38,231 9,198 4,907 11,283 5,875 1,680 3,273	23	Enhanced CD/MC Dublished Character					-,		, , , ,	1,966
24A Enhanced SD/MC (Refugees) Costs 07/01/03 - 06/30/04 434 256 178	23A	Ennanced SU/MC Published Charges					11,283		1,680	3,273
10/01/03 - 06/30/04 25	24	Enhanced SD/MC Negotiated Pates								
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 480 283 197 27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 546 322 225 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 546 322 225 29 Healthy Families Costs 07/01/03 - 06/30/04 583 149 149 284 30 Healthy Families SMA Upper Limits 07/01/03 - 06/30/04 583 149 149 284 31 Healthy Families Published Charges 07/01/03 - 09/30/03 10/01/03 - 06/30/04 645 165 165 315 31 Healthy Families Published Charges 07/01/03 - 09/30/03 10/01/03 - 06/30/04 734 188 188 355 32 Healthy Families Negotiated Rates 07/01/03 - 09/30/03 10/01/03 - 06/30/04 734 188 188 355	24A	Emilianos Obmio Hogolated Nates	10/01/03 - 06/30/04							
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 480 283 197 27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 546 322 225 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 546 322 225 29 Healthy Families Costs 07/01/03 - 06/30/04 583 149 149 284 30 Healthy Families SMA Upper Limits 07/01/03 - 06/30/04 583 149 149 284 31 Healthy Families Published Charges 07/01/03 - 09/30/03 10/01/03 - 06/30/04 645 165 165 315 31 Healthy Families Published Charges 07/01/03 - 09/30/03 10/01/03 - 06/30/04 734 188 188 355 32 Healthy Families Negotiated Rates 07/01/03 - 09/30/03 10/01/03 - 06/30/04 734 188 188 355	25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	434			256			178
27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 546 322 225 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 225 29 Healthy Families Costs 07/01/03 - 06/30/04 583 149 149 284 30 Healthy Families SMA Upper Limits 07/01/03 - 09/30/03 10/01/03 - 09/30/03 10/01/03 - 09/30/04 645 165 165 315 31 Healthy Families Published Charges 07/01/03 - 09/30/04 734 188 188 356 32 Healthy Families Negotiated Rates 07/01/03 - 09/30/04 10/01/03 - 09/30/04 10/01/03 - 09/30/04 188 188 356								_		197
Pailthy Families Costs 07/01/03 - 09/30/03 149 149 284			07/01/03 - 06/30/04	546			322			225
10/01/03 - 06/30/04 583 149 149 284	28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
10/01/03 - 06/30/04 583 149 149 284	29		07/01/03 - 09/30/03		-,-,-,-,-,-,-			***************		
300 Healthy Families SMA Upper Limits 07/01/03 - 09/30/03 10/01/03 - 06/30/04 645 165 165 315 315 314 Healthy Families Published Charges 07/01/03 - 09/30/03 10/01/03 - 06/30/04 734 188 188 355 322 Healthy Families Negotiated Rates 07/01/03 - 09/30/03 10/01/03 - 06/30/04 10/01/03 - 06/3	29A	Healthy Families Costs		583		149		149		284
30A (10/01/03 - 06/30/04 645 165 165 315 165 3	30	Haalthy Eamilian SMA Lippor Limits								
10/01/03 - 06/30/04 734 188 188 359 359 324 Healthy Families Negotiated Rates 07/01/03 - 06/30/04 324 188 188 359 359 324 324 325 325 326 327 32	30A	nearing ramilles SMA Upper Limits		645		165		165		315
131A 10/01/03 - 06/30/04	31	Healthy Families Published Charges								
32A Healthy Farmines Negotiated Rates 10/01/03 - 06/30/04 10/01/03 - 06/30/04	31A	Troublety I diffined I denoted Office gos		734		188		188		359
32A 10/01/03 - 00/30/04	32	Healthy Families Negotiated Rates								
33 Non-Medi-Cal Costs 12,219,923 2,082,547 1,276,172 1,257,232 3,140,961 527,090 2,266,492	32A		10/01/03 - 06/30/04			Lateraterateratera	<u> </u>	inidatainin taite	etetetetetetetete	<u> </u>
	33	Non-Medi-Cal Costs		12,219,923	2,082,547	1,276,172	1,257,232	3,140,961	527,090	2,266,492

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA County Code: 56

County Code: 56		CR						
Legal Entity: VENTURA COUNTY B.H.D.		Н		J.	K	L.	M	N
Legal Entity Number: 00056		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
Allocation Percentage		70 10.82%						
2 Total Units		820,033						-
3 Gross Cost		2,608,114	-					
	\$		<u> </u>	100000000000	400000000000			
4 Cost per Unit		3.18						<u> </u>
5 SMA per Unit 6 Published Charge per Unit		3.52						-
Published Charge per Unit Negotiated Rate / Cost per Unit		3.99		 				<u> </u>
<u>arial professional anticologica de la companie de </u>				2.0.000.0000000000000000000000000000000		******		10000000000
Medi-Cal Units	07/01/03 - 09/30/03	84,506						
BA	10/01/03 - 06/30/04	209,592						
Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	225						
9A	10/01/03 - 06/30/04	310						
Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
<u>10</u> A	10/01/03 - 06/30/04	505		<u> </u>				-
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						ļ	
11 Healthy Families (SED) Units	07/01/03 - 09/30/03			ļ		ļ		
11A ' ` '	10/01/03 - 06/30/04	FR:		ļ			-	
12 Non-Medi-Cal Units		524,895	<u> </u>				<u> </u>	
13 Medi-Cal Costs	07/01/03 - 09/30/03	268,771						
13A	10/01/03 - 06/30/04	666,607						
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	297,461						
14A	10/01/03 - 06/30/04	737,764						
Medi-Cal Published Charges	07/01/03 - 09/30/03	337,179						
10A	10/01/03 - 06/30/04	836,272						
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A Medi-Car Negotiated Nates	10/01/03 - 06/30/04			<u> </u>	L	<u> </u>	L	
17	07/01/03 - 09/30/03	716	***************	***********			1	
Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	986			İ			
10	07/01/03 - 09/30/03	792						
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	1,091						
19 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	898						
19A Medicare/Medi-Car Crossover Published Charges	10/01/03 - 06/30/04	1,237	-					
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A Medicare/Medi-Car Crossover Negotiated Rates	10/01/03 - 06/30/04			i				
21 Fahamand SD/MC Contra	07/01/03 - 09/30/03		(1-1-1-1-1-1-1-1-1-1-1-1-1		1010101010101010101010	<u> </u>		
Enhanced SD/MC Costs	10/01/03 - 06/30/04	1,606		-	-			
22	07/01/03 - 09/30/03	1,000					1	
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	1,778				 		
22	07/01/03 - 09/30/03	1 .,						
Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	2,015				1		<u> </u>
24	07/01/03 - 09/30/03				1			
Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
	<u>, , , , , , , , , , , , , , , , , , , </u>			terementeren.			100000000000	1 10 10 10 10 10 10 10 10 10 10 10 10 10
25 Enhanced SD/MC (Refugees) Costs 26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04 07/01/03 - 06/30/04			 	 	 	1	
27 Enhanced SD/MC (Refugees) SMA Opper Limits 27 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	 		1			1	1
28 Enhanced SD/MC (Refugees) Regotiated Rates	07/01/03 - 06/30/04	 		1	<u> </u>			
<u></u>		0000000000	1000000000	000000000000		-		
Healthy Families Costs	07/01/03 - 09/30/03	<u> </u>					1	
29A	10/01/03 - 06/30/04	ļi		 			_	
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03			 	1	ļ	 	1
30A 7	10/01/03 - 06/30/04			1		1	1	
31 Healthy Families Published Charges	07/01/03 - 09/30/03			<u> </u>			_	_
31A -	10/01/03 - 06/30/04					1		ļ
Healthy Families Negotiated Rates	07/01/03 - 09/30/03				1	1	_	1
32A	10/01/03 - 06/30/04			1	<u> </u>	1	<u> </u>	1.,.,.,
33 Non-Medi-Cal Costs		1,669,428		1	1	1	1	1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County: VENTURA								
_	County Code: 56			MHS	MHS	MHS	MHS	MHS	MHS
Ļ.	Legal Entity: VENTURA COUNTY B.H.D.		Ā	В	С	D	E	F	G
Le	gal Entity Number: 00056		Mode Total	Service	Service	Service	Service	Service	Service
_	Mode: 15 - Outpatient (Program 2)		Mode rotal	Function 10	Function	Function 40	Function 50	Function	Function 41
1	Allocation Percentage		100.00%	1.25%	30 3.44%	23.78%	- 50	31 4.21%	1.35%
2	Total Units		100.0076	10,320	18,900	155,100		20,760	6,770
3	Gross Cost		822,096	10,300	28,305	195,489		34,600	11,120
4	Cost per Unit	kuks átrátorrasztorras		1.00	1.50	1.26	*************	1.67	1.64
5	SMA per Unit			2.36	2.36	2.36	2.36	2.36	2.36
6	Published Charge per Unit			2.00	2.00	2.00			
7	Negotiated Rate / Cost per Unit								
8	<u>an an an an an dùth an air an aideideach air an an air air an air air an air an air an air an air air air air a</u>	07/01/03 - 09/30/03		. + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	<u> </u>	***************	Maranatajatataranan	engles en e ncencer	<u> </u>
8A	Medi-Cal Units	10/01/03 - 06/30/04							
9		07/01/03 - 09/30/03							
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
10	F () 00/10/11 //	07/01/03 - 09/30/03							
10A	Enhanced SD/MC Units	10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				1			
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A	<u> </u>	10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			10,320	18,900	155,100		20,760	6,770
13	Maril Oak Oasta	07/01/03 - 09/30/03	1	*2*2*2*2*7*1*1*1*1*1*1					a aga a atatutatata
13A	Medi-Cal Costs	10/01/03 - 06/30/04							
14	Marati Cal CMA Hanna Limita	07/01/03 - 09/30/03							
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A	INICIA CALL ADDISTICA CHALGES	10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04			*************		************		
17	Madian-/Madi Cal Canana Casta	07/01/03 - 09/30/03					3.4.4.3.4.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	iviedicare/iviedi-cai crossover SiviA Opper Limits	10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	Induction of the Control of the Good of the Good	10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04		************	(*.*.*.*.*.*.*.*.	****************	****************		
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1	Ī					
21A	Ennanced SD/MC Costs	10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A	Zinianced 30/Nic SNIX Opper Limits	10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	Limited Donner Date Control of Control	10/01/03 - <u>06/30/04</u>							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	1						
24/		10/01/03 - 06/30/04	1		**************	*************	*1****************	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	<u> </u>
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	1	<u> </u>				ļ	a-m-1-m-1-m-2-2-12
29		07/01/03 - 09/30/03	1					1	
29/	Healthy Families Costs	10/01/03 - 06/30/04					[1	
30		07/01/03 - 09/30/03							
30/	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04							
31		07/01/03 - 09/30/03							
31/	Healthy Families Published Charges	10/01/03 - 06/30/04							
32	-	07/01/03 - 09/30/03			_ · _				
<u> </u> 3∠					. – – –	·		1	I
32/	Treating Tarrines regulated Rates	10/01/03 - 06/30/04				L		*********	**********

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04) $\,$

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

COUNTY	: VENTURA								
County Code:			MHS	MHS	MHS	MHS	MHS	MHS	MHS
	: VENTURA COUNTY B.H.D.		н			К		M	N
Legal Entity Number:	: 00056		Service	Service	Service	Service	Service	Service	Service
Mode:	: 15 - Outpatient (Program 2)		Function_	Function	Function	Function	Function	Function	Function
1 Allocation Percer	nlaga		61	69	12	32	42	13	33
2 Total Units	niage	_	11.63% 26,085	18.04% 53,615	0.27% 1,800	3.99% 22,260	11.20% 63,635	-	
3 Gross Cost			95,610	148,270	2,235	32,800	92,070		
rand annananananana	i <mark>amamama</mark>a mamamama	यययययय <u>यम्</u> गतयययस् <u>ग</u>	00000000000000					101000000 <u>-1</u> 010	<u> 111111111 111111</u>
4 Cost per Unit 5 SMA per Unit			3.67 4.37	2.77 4.37	1.24 2.36	1.47 2.36	1.45 2.36	2.36	2.36
6 Published Charge	e ner Unit		4.31	4.37	2.36	2.30	2.30	2.30	2.30
7 Negotiated Rate			_	-					
<u>arena jagungungan panangan meng</u>	samanin madalagam madalaga	07/04/08 00/00/00	<u> Paragonarananan</u>	<u>araginararan</u> etetr	-1-1-1-1-1-1-1-1-1-1-1	<u> </u>	<u></u>		<u></u>
8 Medi-Cal Units		07/01/03 - 09/30/03 10/01/03 - 06/30/04							
0		07/01/03 - 09/30/03	-		_	-			
9A Medicare/Medi-C	Cal Crossover Units	10/01/03 - 06/30/04		-				-	
10		07/01/03 - 09/30/03							
10A Enhanced SD/M	C Units	10/01/03 - 06/30/04					_	_	_
	C (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03					!		
11A Healthy Families		10/01/03 - 06/30/04							
12 Non-Medi-Cal Ur	nits		26,085	53,615	1,800	22,260	63,635		
13	<u>adadadatatan kontan kantan kanan anan polisi adada badajar</u>	07/01/03 - 09/30/03		****************	lidalalalalalalalalalalal		*************		
13A Medi-Cal Costs		10/01/03 - 06/30/04					_		
14 Medi-Cal SMA U		07/01/03 - 09/30/03							
14A Medi-Cai SMA U	pper Limits	10/01/03 - 06/30/04			_			_	
15 Medi-Cal Publish	ned Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04	_						
16 Medi-Cal Negotia	ated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04		2000000000000	0000000000				
17 Medicare/Medi-C	Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18 Medicare/Medi-C	Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19 Medicare/Medi-C	Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20 Medicare/Medi-0	Cal Crossover Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04				-	 	ļ	
<u> </u>	<u>;000000000000000000000000000000000000</u>			paramananan	elelelelelelelelelelelele	laterated electrical			<u> 1910-1910-1919</u>
Enhanced SD/M	IC Costs	07/01/03 - 09/30/03							
[21A]		10/01/03 - 06/30/04							
Enhanced SD/M	IC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04					<u> </u>		
23 23A Enhanced SD/M	IC Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04			-				
24		07/01/03 - 09/30/03	 	-	 			_	
Enhanced SD/M	IC Negotiated Rates	10/01/03 - 06/30/04	-			·	-		
and a contract contra	<u>ana ang ang ang ang ang ang ang ang ang </u>			00000000000000000000000000000000000000		************			**************
	C (Refugees) Costs	07/01/03 - 06/30/04	.						
	IC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	1			<u> </u>		-	
	IC (Refugees) Published Charges IC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	-	-				 	
000.000000000000	(Acidgos) Haguilated Males	07/01/03 - 06/30/04	900000000000	202010000000		0.000.000.000	la cada da da da		<u> </u>
29 Healthy Families	s Costs	07/01/03 - 09/30/03	<u></u>	<u> </u>				ļ	ļ
29A		10/01/03 - 06/30/04	1	1			 	-	
Healthy Families	s SMA Upper Limits	07/01/03 - 09/30/03		 			 		
30A		10/01/03 - 06/30/04		1	 		 	 	
Healthy Families	s Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04	 	 	 	1		1	
31A	_	07/01/03 - 09/30/03		 	 	1	 	 	
32A Healthy Families	s Negotiated Rates	10/01/03 - 06/30/04	+	1	1	-	†	 	
	osts	1.0101/00 100/00/04	95,610	148,270	2,235	32,800	92,070	4444444444	1-1-1-1-1-1-1-1-1-1-1-1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

1801 1300 (00	•							FISCAL TEAT	2003 - 2004
Cour	County: VENTURA		MHS	MHS	MHS	MHS	MUC	MUC	MUC
	nty Code: 56						MHS	MHS	MHS
	gal Entity: VENTURA COUNTY B.H.D.		0	P	Q	R	S	T	U
Legal Enuty	Mode: 15 - Outpatient (Program 2)		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	mode. 10 - Outpatient (1 logiani 2)		43	53	14	34	44	15	35
1 Allocation	on Percentage				0.57%	5.62%	12.82%	0.17%	0.24%
2 Total U					4,800	30,840	84,260	1,560	1,320
3 Gross C	Cost			1	4,685	46,205	105,377	1,430	1,980
4 Cost pe	<u>arananan dan dan dan dan dan dan dan dan d</u>		Managara <u>G</u> MD	<u>रश्याम्यस्य स्टब्स</u> ्	0.98	1.50	1.25	0.92	1.50
5 SMA pe			2.36	2.36	2.36	2.36	2.36	2.36	2.36
6 Publish	ed Charge per Unit			2.00	2.00	2,50	2.00	2.00	2.50
	ated Rate / Cost per Unit	-	-	-					-
aan aasaa	<u>agricologica de la consegue de la consegue de la consegue de la consegue de la consegue de la consegue de la c</u>	07/04/00 00/00/00	<u> Characteristics</u>	<u>agana ana a</u> a	<u>occidence</u>	444444444	<u> </u>		<u>(</u>
8 Medi-Ca	al Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04	——						
9 Medicar	re/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A Wilding		10/01/03 - 06/30/04							
10 Enhanc	ed SD/MC Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
	ed SD/MC (Refugees) Units	07/01/03 - 06/30/04					_		
11 Healthy	Families (SED) Units	07/01/03 - 09/30/03			<u> </u>				
11A		10/01/03 - 06/30/04			4 000	20.040		4.500	4.000
12 Non-Me	edi-Cal Units	referencia <u>s protestas estas estas e</u>	1411414141414141414141414141414141414141		4,800	30,840	84,260	1,560	1,320
13 Medi-C	al Costs	07/01/03 - 09/30/03							
13A	ai Cosis	10/01/03 - 06/30/04							
14 Modi-C	al SMA Upper Limits	07/01/03 - 09/30/03							
14A	ai Sivix Opper Limits	10/01/03 - 06/30/04							
15 Medi-C	al Published Charges	07/01/03 - 09/30/03							
15A	ar rubiistied Charges	10/01/03 - 06/30/04							
16 Modi-C	al Negotiated Rates	07/01/03 - 09/30/03				_			
16A		10/01/03 - 06/30/04							
17		07/01/03 - 09/30/03	****************		121212111111111111111121		12121-1211-1211-1211-1211		<u>+0+0+0+0+0+0+0+0+0+0+0+0</u>
17A Medica	re/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
10		07/01/03 - 09/30/03			_	-		-	
18A Medica	re/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	-						
10		07/01/03 - 09/30/03	_					-	
19A Medica	re/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20		07/01/03 - 09/30/03							
20A Medica	re/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
	<u>੶੶ਖ਼ਫ਼ੑੑਜ਼ਜ਼ਜ਼ਫ਼ਫ਼ਫ਼ਜ਼ਲ਼ਖ਼ਖ਼ਜ਼ਜ਼ਜ਼ਫ਼ਫ਼ੑਜ਼ਫ਼ੑਜ਼ਫ਼ਜ਼ਫ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼ਜ਼ਜ਼ਜ਼ਫ਼</u>	0.0000000000000000000000000000000000000		<u>जन्मजनसम्बद्धाः स्टब्स</u>	20000000000000000000000000000000000000	सम्बद्धाः <u>स्ट</u>			<u>Paradalalala</u>
Enhanc	ced SD/MC Costs	07/01/03 - 09/30/03						-	
21A		10/01/03 - 06/30/04						_	
Enhanc	ced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
Enhanc	ced SD/MC Published Charges	07/01/03 - 09/30/03			<u> </u>				
23A		10/01/03 - 06/30/04							
Enhance	ced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04			<u> </u>	Parameter (1975)	<u> </u>		
	ced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	ced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
	ced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28 Enhand	ced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
29	50000000000000000000000000000000000000	07/01/03 - 09/30/03			1		<u>anatoleisisisisisisisis</u>	r.commission	
29A Healthy	y Families Costs	10/01/03 - 06/30/04				 	-	\vdash	<u> </u>
30		07/01/03 - 09/30/03	_		 			1	
30A Healthy	y Families SMA Upper Limits	10/01/03 - 06/30/04			 		 		t
21		07/01/03 - 09/30/03			 	 		 	-
31A Health	y Families Published Charges	10/01/03 - 06/30/04			 	 	_		
32		07/01/03 - 09/30/03	 			 			
32A Healthy	y Families Negotiated Rates	10/01/03 - 06/30/04				 			
ವರದು ಅವವರಾಗಿ		10,0 1100 - 00/30/04	acree e e e e e e e e e	123111111111111111		200000000000000000000000000000000000000	200000000000000000000000000000000000000	organism	anaming pro
33 Non-M	edi-Cal Costs		L		4,685	46,205	105,377	1,430	1,980

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA County Code: 56

	Legal Entity: VENTURA COUNTY B.H.D.		V	W	X	Υ	Z	AA	AB
Leg	al Entity Number: 00056	_	Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
П	Allocation Percentage		45 1.41%						
	Total Units		9,130						
	Gross Cost		11,620						
	Cost per Unit		1.27	<u> Pinininini</u> nininini		teratata arata arata ara			************
	SMA per Unit		2.36						
3	Published Charge per Unit								
<u>'</u>	Negotiated Rate / Cost per Unit								
3	Medi-Cal Units	07/01/03 - 09/30/03							
3A	Medi-Cai Onits	10/01/03 - 06/30/04							
•	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							<u> </u>
A0I	Enhanced SD/MC (Refuness) Units	10/01/03 - 06/30/04			-				
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04 07/01/03 - 09/30/03	-						-
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							
	Non-Medi-Cal Units		9,130						† — —
13	er er er er år er er eg <u>enget gegen</u> ge per er er er er er efter er 07/01/03 - 09/30/03		14141414141414141414	41014141414141414141	Telelalalalalalalala	etetelelelelelelelelele	<u> </u>	<u> </u>	
13A	Medi-Cal Costs	10/01/03 - 06/30/04			_				
14		07/01/03 - 09/30/03							
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03		•					
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				HODELE DE LA COMO		
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03]				
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03		_				 	
18A 19		10/01/03 - 06/30/04 07/01/03 - 09/30/03							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20	14 11 114 110 10 11 11 11 11 11	07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
21	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	07/01/03 - 09/30/03	<u> </u>						1
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	_						
22	E 1 1 0D/810 0111 11 11-11-	07/01/03 - 09/30/03							
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	Citianced Ob/MC Fubilished Charges	10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						-	
24A		10/01/03 - 06/30/04				100000000000000000000000000000000000000	***************	100000000000	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							1
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04				ļ			-
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04			 	 	 	-	+
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	40000000000000		100000000000000000000000000000000000000	00000000000	10141416161614141		व सम्बद्धाः सम्बद्धाः
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04			<u> </u>	1			
30_	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03			 	-			-
30A		10/01/03 - 06/30/04			+	1	 	 	
31	Healthy Families Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04			1		 	1	+
31A 32		07/01/03 - 06/30/04			 		1	 	+
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04			1	 		1	+
\		133333333333333333333333333333333333333	-1-1-1-1-1-1-1-1-1-1-1	1841-1940-1941-1	100000000000000000000000000000000000000	1-1-1-1-1-1-1-1-1-1-1-1	<u> </u>	400000000000000000000000000000000000000	dental and a fact of

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA

County Code: 56

CR

	Legal Entity: VENTURA COUNTY B.H.D.	A	В	С	D	E	F	G
Le	gal Entity Number: 00056		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		22,017					
3	Gross Cost	1,028,851	1,028,851					
4	Cost per Unit		46.73	<u> Galakikikikikiki</u>		<u> </u>	12-21-11-12-21-11-12-11-11-11-11-11-11-1	646464646464646464646464646464
5	Non-Medi-Cal Units		22,017					
6	Non-Medi-Cal Costs	1,028,851	1,028,851					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA County Code: 56

	Legal Entity: VENTURA COUNTY B.H.D.	Α	В	С	Đ	E	F	G
Leg	gal Entity Number: 00056		Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage							
2	Total Units						_	
3	Total Expenditures							
33333			:4:1:4:4:4:4:4:4:4:4:4:4:4:4:4:4:4:4:4:					
4	Cost per Unit							
:::::::::::::::::::::::::::::::::::::::								
5	Non-Medi-Cal Costs							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: VENTURA
County Code: 56

County Code. 56		CIX	CIT	CIX			
Legal Entity: VENTURA COUNTY B.H.D.	A	В	С	D	E	F	G
		Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function	Function	Function_	Function	Function	Function_
		20	30	40			
Allocation Percentage	100.00%	5.33%	26.48%	68.19%			
Total Units		2,552	12,682	20,069			L
Gross Cost	693,882	36,972	183,728	473,182			
Cost per Unit		14.49	14.49	23.58			
Non-Medi-Cal Units (Same as Line 2)		2,552	12,682	20,069			
Non-Medi-Cal Costs (Same as Line 3)	693,882	36,972	183,728	473,182	<u> </u>	<u>upos de pere de pela la la derie la d</u>	
	Legal Entity: VENTURA COUNTY B.H.D. gal Entity Number: 00056	Legal Entity: VENTURA COUNTY B.H.D. gal Entity Number: 00056 Mode: 60 - Support Allocation Percentage Total Units Gross Cost Cost per Unit Non-Medi-Cal Units (Same as Line 2)	Legal Entity: VENTURA COUNTY B.H.D. A B gal Entity Number: 00056 Service Mode: 60 - Support Mode Total Function 20 Allocation Percentage 100.00% 5.33% Total Units 2,552 Gross Cost 693,882 36,972 Cost per Unit 14.49 Non-Medi-Cal Units (Same as Line 2) 2,552	Legal Entity: VENTURA COUNTY B.H.D. A B C gal Entity Number: 00056 Service Service Service Mode: 60 - Support Mode Total Function Function 20 30 Allocation Percentage 100.00% 5,33% 26.48% Total Units 2,552 12,682 Gross Cost 693,882 36,972 183,728 Cost per Unit 14.49 14.49 Non-Medi-Cal Units (Same as Line 2) 2,552 12,682	Legal Entity: VENTURA COUNTY B.H.D. A B C D gal Entity Number: 00056 Service Service Service Mode: 60 - Support Mode Total Function Function 20 30 40 Allocation Percentage 100.00% 5.33% 26.48% 68.19% Total Units 2,552 12,682 20,069 Gross Cost 693,882 36,972 183,728 473,182 Cost per Unit 14.49 14.49 14.49 23.58 Non-Medi-Cal Units (Same as Line 2) 2,552 12,682 20,069	Legal Entity: VENTURA COUNTY B.H.D. A B C D E gal Entity Number: 00056 Service Service Service Service Service Service Service Function F	Legal Entity: VENTURA COUNTY B.H.D. A B C D E F gal Entity Number: 00056 Service Function Function

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

	County: VENTURA County Code: 56										, ,		
	Legal Entity: VENTURA COUNTY B.H.D.		 		REIMBURS	EMENT TYPE	<u>PC</u>		Costs			Costs	
Lea	al Entity Number: 00056		 ^ 				Total	F	<u>G</u>	н	Total	J. J.	K Total
[1	Mode 55		Total	Inpatient				Outpatient		Outpatient
1			Γ. Τ	S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
1-	Talling the Control of the Control o	07/01/03 - 09/30/03	S.F.'s 01-09	31-39	S. F.'s 21-29	000000000000000000000000000000000000000	Hospital 793 203	Other	Mode 10	Program (1) 3,007,333	Program (2)	Program (2)	3,007,333
IA.	Medi-Cal Costs	10/01/03 - 06/30/04					783,303 2,347,564			8,541,035	3,007,333 8,541,035		8,541,035
2	Medi-Cal SMA	07/01/03 - 09/30/03					748,136			3,328,349	3,328,349		3,328,349
2A_		10/01/03 - 06/30/04					2,245,333			9,452,745	9,452,745		9,452,745
3 3A	Medi-Cal P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					748,136		·	3,797,827	3,797,827 10,783,910		3,797,827
4	Notice to the control of the control	07/01/03 - 09/30/03					2,245,333			10,783,910	10,783,910		10,783,910
4A	Medi-Cal N. R.	10/01/03 - 06/30/04											
5		07/01/03 - 09/30/03		******			748,136	6,41414.41614.1.1.1	<u> </u>	3,007,333	3,007,333	(* <u>15,7,717</u>)2513141414141	3,007,333
5A	Medi-Cal Gross Reimbursement	10/01/03 - 06/30/04					2,245,333			8,541,035	8,541,035		8,541,035
6		07/01/03 - 09/30/03					296,940	5,1,1,1,5,5,1,1,1,1	<u>alada tetada bahahata</u>	102,074	102,074	<u> </u>	102,074
6A	Medicare/Medi-Cal Crossover Cost	10/01/03 - 06/30/04					777,393			_200,220	200,220		200,220
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					281,235			_112,970	112,970_		112,970
7A	 	10/01/03 - 06/30/04					736,276			221,592	221,592	*************	221,592
8A	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					281,235 736,276			128,962 252,980	128,962 252,980		128,962 252,980
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03					730,270			202,500	232,300		202,500
9A	medicare/medical crossover N. K.	10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03	1				281,235		<u></u>	102,074	102,074	Participation of the Control of the	102,074
10A	medicare/medi-Cai Crossover Gross Reim.	10/01/03 - 06/30/04					736,276			200,220	200,220		102,074 200,220
11	Total CDAIC + Connect C Dain	07/01/03 - 09/30/03					1,029,371	<u>,</u>	<u> </u>	3,109,407	3,109,407		3,109,407
11A	Total SD/MC + Crossover Gross Reim.	10/01/03 - 06/30/04					_2,981,609			8,741,255	8,741,255		8,741,255
12		07/01/03 - 09/30/03					. * . * . * . * . * . * . * . * . * . *	<u> </u>	*.*.* . *.*.*.*.	6,221	6,221	1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	6,221
12A	Enhanced SD/MC (Children) Cost	10/01/03 - 06/30/04								30,332	30,332		30,332
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								6,885	6,885		6,885
13A 14	¥	10/01/03 - 06/30/04 07/01/03 - 09/30/03					 	ļi		33,569 7,844	33,569 7,844	0.010.000.000.000.000	33,569 7,844
14A	Enhanced SD/MC (Children) P. C.	10/01/03 - 06/30/04								38,231	38,231		38,231
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A	Limbiced ob/Mo (children) N. K.	10/01/03 - 06/30/04						7 7					*************
16	Enhanced SD/MC (Children) Gross Reim,	07/01/03 - 09/30/03								6,221	6,221		6,221
16A	Compression (compression)	10/01/03 - 06/30/04						*.*.*.*.	*************	30,332	30,332		30,332
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04								434	434		434
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04	[12] [13] [13] [13] [13] [13] [13] [13] [13				L			480	480	1	480
19	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04 07/01/03 - 06/30/04	1							546	546		546
	. #. 121,121,121,131,131,131,131,131,131,131,	44. * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4							<u> </u>	territoria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos	11.000000000000000000000000000000000000	<u> </u>	1112 (1111 11 1 1 1 1 1 1 1 1 1 1 1 1 1
21 21A	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1				1,029,371 2,981,609			3,115,628 8,771,586	3,115,628 8,771,586	ļ	3,115,628 8,771,586
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04			 		2,951,509			434		<u> </u>	434
23	<u> Parista de la compresenta del compresenta de la compresenta de la compresenta del compresenta de la compresenta del compresenta de la compresenta de la compresenta de la compresenta de la compresenta de la compresenta del compresenta del compresenta del compresenta del compresenta del compresenta del compresenta del compresenta del compresenta del compresenta del comp</u>	[07/01/03 - 09/30/03						***************	<u> </u>	<u> </u>	arreniño		an Egyan wildy
234	Healthy Families Cost	10/01/03 - 06/30/04	100000000000000000000000000000000000000					·		_ 583	583	 	583
24	Healthy Families SMA	07/01/03 - 09/30/03								T			
24A	Healthy Families SMA	10/01/03 - 06/30/04								645	645		645
25	Healthy Families P. C.	07/01/03 - 09/30/03							<u> </u>				
25A	\\ `	10/01/03 - 06/30/04 07/01/03 - 09/30/03	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							734	734		
26 26A	Healthy Families N. R.	10/01/03 - 06/30/04	+							1	 		
27		07/01/03 - 09/30/03	444444					<u>HARRIGHERU</u>	ECCUPERSON.	00000000	1000000000	- <u>000000000000</u>	30000000000000000000000000000000000000
27A	Healthy Families Gross Reim.	10/01/03 - 06/30/04					 	 		583	583		583
Ţ.,	Less: Patient and Other Payor Revenue												
28 28A		07/01/03 - 09/30/03					312,592			72,124	72,124		72,124
28A	Ephonoid SDMC /Children Davis	10/01/03 - 06/30/04					1,255,349	├ ──		121,950	121,950	 	121,950
29 30	Enhanced SD/MC (Children) Revenue Enhanced SD/MC (Refugees) Revenue				1::::::::::::::::::::::::::::::::::::::		}		 			 -	
31	Healthy Families Revenue				1							1	
32	Total Expenditures from MAA (Mode 55)		apadd Abddi		<u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
33	Medi-Cal Eligibility Factor (Average)		Eleptor Bross	 		0.0000000000000000000000000000000000000							
34	Medi-Cal Eligibility Factor (Average) Revenue - MAA										100000000000000000000000000000000000000		
35		07/01/03 - 09/30/03		<u> </u>		<u> </u>	716,779	100000000000000000000000000000000000000	100000000000000000000000000000000000000	3,043,504	3,043,504	1	3,043,504
35A	Net Due - SD/MC for Direct Services	10/01/03 - 06/30/04	101011111111111111			100000000000000000000000000000000000000	1,726,260			8.649,636	8,649,636		8,649,636
36 37	Net Due - Enhanced SD/MC (Refugees)									434	434		434
37	Net Due - Healthy Families	07/01/03 - 09/30/03					├ ──	 	 -	583	583	 	583
37/	\	10/01/03 - 06/30/04					la residence		tengerere:	383	283	tanganan	363
	Amount Negotiated Rates Exceed Costs	Tazio (100 - 00 100 100						produktii ii ii ii	paramini	pedeniajii	posterida		<u>polonicisticisti</u>
38 38A	SD/MC (includes Children)	07/01/03 - 09/30/03 10/01/03 - 06/30/04			1		 	 		+	 		
39	Enhanced SD/MC (Refugees)	170/01/03 • 00/30/04		tuuliilii			 		1				
40	Healthy Families	07/01/03 - 09/30/03											
40A	A County Carrings	10/01/03 - 06/30/04					i					<u> entrephilippi</u>	ــــــــــــــــــــــــــــــــــــــ

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04).

County: VENTURA County Code: 56

Local Entitus VENTURA COUNTY D. L.D.		Α									
Legal Entity: VENTURA COUNTY B.H.D. Legal Entity Number: 00056			Total	C Total	D	<u>E</u> 50.00%	F	G	H	75.500/	J
			Inpatient	Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County C	Only)										
1 County SD/MC Direct Service Gross Reimburser	ment		4,010,980	11,887,648	15,898,628						
Contract Providers Medi-Cal Direct Service Gross Reimbursement			2,050,256	4,665,790	6,716,046						
Total Medi-Cal Direct Service Gross Reimbursement					22,614,674						
4 Medi-Cal Administrative Reimbursement Limit					3,392,201						
5 Medi-Cal Administration					2,030,230						
6 Medi-Cal Administrative Reimbursement					2,030,230	1,015,115					1,015,115
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross Re	eimbursement			583	583						
7A Contract Providers Healthy Families Direct Servi											
7B Total Healthy Families Direct Service Gross Rein					583						
8 Healthy Families Administrative Reimbursement	Limit				58						
9 Healthy Families Administration					74						
10 Healthy Families Administrative Reimbursement	10 Healthy Families Administrative Reimbursement				58				38		38
SD/MC Net Reimbursement for MAA	SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09											
12 Medi-Cal Admin. Activities Svc Functions 11 - 19											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14 Utilization Review-Skilled Prof. Med. Personnel (14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				479,926					359,945	359,945
15 Other SD/MC Utilization Review (County Only)					343,789	171,895					171,895
16	16 07/01/03 - 09/30/03		716,779	3,037,283	3,754,062		2.040.333				2,040,333
16A SD/MC Net Reimbursement for Direct Services	10/01/03 - 06/30/04		1,726,260	8,619,305	10.345.565		2,040,333	5,477,977			5,477,977
47	07/01/03 - 09/30/03		1,720,200	6,221	6,221			100000000000000000000000000000000000000	4.044		4.044
Enhanced SD/MC Net Relmb. (Children)	10/01/03 - 06/30/04		 	30,332	30,332				19,716		19,716
18 Enhanced SD/MC Net Reimb. (Refugees)			 	434	434				434		434
19 Total SD/MC Reimbursement Before Excess FFP											9,089,456
			<u> </u>								7,007,430
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 21 Total SD/MC Reimbursement (FFP)											9,089,456
											2,002,450
											9,089,456
24			pudaldaldal								
24 24A Healthy Families Net Reimbursement	10/01/03 - 09/30/03			583	583				379		379
25 Total Healthy Families Reimbursement Before E				383	583			1	1 3/9		417
26 Amount Negotiated Rates Exceed Costs - Healthy Families			<u> </u>	<u> 1000000000000000000000000000000000000</u>	<u> </u>		1				
27 Total Healthy Families Reimbursement								1		417	
Li Total Fleating Families Reinbursement			<u>transangan bila</u>	<u>nanganan dan dalah</u>		<u> 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>	<u> </u>	<u> </u>	<u>arerigereriererieler</u>	1	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2003 - 2004 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

COUNTY NAME: VENTURA		LEGAL ENTITY		NAME: VENTURA COUNTY B.H.D.						
COUNTY CODE: 56		LEGAL ENTITY		NUMBER: 00056						
A	В	С	D	E	F	G	Н	<u> </u>		
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT		
		\$236.38	07/01/03 - 07/31/03	172	\$ 40,657	\$4,261	\$6,228	\$51,146		
SD/MC		\$236.82	08/01/03 - 09/30/03	226	\$ 53,521	\$5,585	\$8,162	\$67,268		
32 7 .3		\$236.82	10/01/03 - 12/31/03	451	\$ 106,806	\$10,943	\$15,994	\$133,743		
		\$236.82	01/01/04 - 06/30/04	935		\$24,179	\$35,338	\$280,944		
			CIV. 194			43. 35. 45. 30. 4	Sub Total:	\$ 533,101		
		\$236.38	07/01/03 - 07/31/03			<u> </u>				
Children EMC	ļ	\$236.82	08/01/03 - 09/30/03				 			
	 -	\$236.82	10/01/03 - 12/31/03							
		\$236.82	01/01/04 - 06/30/04		a de la de la companya all after the second	Sub Total.	er en en en en en en en en en en en en en			
		\$236.38	07/01/03 - 07/31/03							
D. (\$236.82	08/01/03 - 09/30/03							
Refugees EMC		\$236.82	10/01/03 - 12/31/03							
		\$236.82	01/01/04 - 06/30/04							
				TA ALTER	I WAR AND DE		Sub Total:			
		\$236.38	07/01/03 - 07/31/03							
Healthy Families		\$236.82	08/01/03 - 09/30/03		<u> </u>					
		\$236.82	10/01/03 - 12/31/03							
		\$236.82	01/01/04 - 06/30/04	10-11-12 124. 165. 145.	W	40 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		CHINGS TO THE PROPERTY OF ALL ST Mark AT SHIKE A PART AND		
		111111111111111111111111111111111111111	Mark Seal of Blette	Sterille Co.			Şub Total:	The Physical Administration and age.		
		\$ 422,411	\$ 44,968	\$ 65,722	\$ 533,101					